

SIDS - Sudden Infant Death Syndrome

SIDS-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are positive or detrimental interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SIDS-I INFORMATION

OUTCOME: The parents/family will understand what SIDS is and the factors that are associated with increased risk of SIDS.

STANDARDS:

1. Explain that SIDS stands for Sudden Infant Death Syndrome and is also called crib death. It is the sudden and unexplained death of a baby under 1 year of age. Most SIDS deaths happen between 2 and 4 months of age, occur during colder months, and more likely to be boys than girls.
2. Explain that the cause of SIDS remains unknown. SIDS is unique, because, by definition its major presenting symptom is unexplained death. The diagnosis is based entirely on what is not found. SIDS is, in other words, a diagnosis of exclusion.
3. Emphasize that although the incidence of SIDS is on the decline in the US, the rate of SIDS highest among Native Americans and Alaska Natives.
4. Explain that several important factors are associated with an increased risk of SIDS. These factors are prone (stomach) and side infant sleeping positions, exposure of infants to cigarette smoke and overheating baby while sleeping with too much clothing and/or bedding. Avoid alcohol use anytime, especially in the first trimester of pregnancy.

SIDS-L LITERATURE

OUTCOME: The parent(s) and family will receive literature about SIDS.

STANDARDS:

1. Provide the parent(s) and family with literature on SIDS.
2. Discuss the content of the literature.

SIDS-P PREVENTION

OUTCOME: The parents/family will understand the factors associated with an increased risk of SIDS and will identify things that can be done to reduce the risk of a SIDS death.

STANDARDS:

1. Explain that placing your baby on the baby's back to sleep, even for naps, is the safest sleep position for a healthy baby and has been proven to reduce the risk of SIDS. There is no evidence of increased risk of choking or other problems associated with healthy infants sleeping on their backs.
2. Explain that the stomach sleeping position is associated with the highest risk of SIDS. Emphasize tummy time is for babies who are awake and being watched and is important for infant development and will make neck and shoulder muscles stronger. Remember, "Back to Sleep, Tummy to Play."
3. Explain that side sleeping is not as safe as back sleeping and is not advised. Babies who sleep on their sides can roll onto their stomach and have an increased risk of SIDS.
4. Explain that when a baby sleeps only in the back position, some flattening of the back of the head may occur. Flat spots on the back of the head are not harmful or associated with any permanent effects on head size and go away a few months after the baby learns to sit up. This can be prevented by alternating the head of the bed to the foot of the bed on alternate nights.
5. Encourage the client to be receptive to home visits by public health nurses because this has been associated with a lower risk of SIDS deaths.

SIDS-S SAFETY

OUTCOME: The parents/family will understand that even though there is no way to know which babies might die of SIDS, there are some measures that can be taken to make the baby safer.

STANDARDS:

1. Emphasize the safest place for a baby to sleep is in a crib on a firm mattress. Discuss that placing a baby to sleep on soft mattresses, sofa cushions, waterbeds, sheepskins, or other soft surfaces can increase the risk of SIDS, possibly by increasing the risk of carbon dioxide rebreathing (asphyxiation).
2. Discuss potential hazards of overheating. Consider dressing your baby in sleep clothing such as a sleep sack or a wearable blanket so no other covering is needed (use no more than 2 layers of clothing). If a sheet or thin blanket is used, tuck it in

reaching only as far as the baby's chest. The room temperature should be comfortable.

3. Discuss that there are hidden hazards in letting babies sleep on adult beds, including falls, suffocation, and getting trapped between the bed and wall, the head board, and foot board. Beds are not designed to meet safety standards for infants and carry risk of accidental entrapment and suffocation.
4. Explain that it has been shown that the risk of SIDS is lower when a pacifier is used during sleep. Consider offering a pacifier at nap time and bedtime. Do not force use and do not reinsert a pacifier after the infant falls asleep. For breastfed babies, the pacifier should be delayed until 1 month of age to ensure breastfeeding is firmly established. Emphasize the use of hot, soapy water to clean the pacifier and to change to a new one frequently.

SIDS-SHS SECOND-HAND SMOKE

OUTCOME: The patient/family will understand the adverse health consequences associated with exposure to second-hand tobacco smoke.

STANDARDS:

1. Define "passive smoking" and ways in which exposure occurs, e.g., smoldering tobacco, exhaled smoke, residue in carpet.
2. Discuss harmful substances in smoke e.g., nicotine, benzene, CO, carcinogens.
3. Explain that SIDS is three times more likely to occur when there are smokers in the home.
4. Discuss that having household members smoke outside and removing smoke contaminated clothing may decrease exposure to second hand smoke.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness.
6. Encourage smoking cessation or at least never smoking in the home or car. **Refer to TO-QT.**